

Project Performance Monitoring Unit and LGU Unit

# LEAD Indicator Monitoring System

A Guide for Monitoring LGU Performance

Deliverable No. 15

March 31, 2004

---

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-C-00-03-00024-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

## **Table of Contents**

I. Introduction	1
II. Monitoring and Tracking Lead Project Performance	3
III. The Development of the LEAD LGU Performance Indicators	4
IV. The LEAD LGU Performance Indicators	5
V. The LEAD LGU Performance Indicator Monitoring Process	6
VI. Illustrative Timeline for Monitoring	10

Annex A - Project Monitoring and Evaluation (PME) Form 1

## I. Introduction

The United States Agency for International Development (USAID) awarded Management Sciences for Health (MSH) a cost-reimbursable contract to provide the required technical and logistical assistance for implementing the Local Enhancement and Development (LEAD) for Health Project.

The LEAD Project is intended to support the attainment of USAID's Strategic Objective No. 3, which is "*Desired family size and improved health sustainably achieved.*" In particular, it will focus on two intermediate results (IRs), namely, IR 1 "*LGU Provision and Management of FP/MCH/TB/HIV/AIDs services strengthened*" and IR 4 "*Policy environment and financing services improved.*"

The LEAD project aims to support the priority programs of the Philippines Department of Health (DOH), primarily Family Planning, TB-DOTS, Vitamin A, HIV-AIDS, and MCH. It will provide this support by strengthening the service provision capacities of municipalities and cities to include: a) strengthening the financial, managerial, and technical capacity to provide FP and selected health services; and b) improving the policy and legislative framework at both national and local levels to finance and support these programs. LGUs (selected municipalities and cities) will be the primary clients, with the DOH, PHIC, and Leagues of Cities/Municipalities as collaborating agencies.

*Scope, End-of-Project Goals and Targets.* The LEAD for Health Project has an initial life of three years beginning October 1, 2003, and ending on September 30, 2006. At the end of the initial contract period of three years, the project should have achieved significant progress as to be able to contribute significantly to the achievement of the following national targets:

1. Total Fertility Rate (2006) – 2.7
2. Contraceptive Prevalence Rate (modern, 2006) – 40 %
3. TB Treatment Success Rate (2006) – at least 70 %
4. HIV seroprevalence among Registered Female Sex Workers - <3 % annually
5. Vitamin A supplementation coverage – 85 % annually

In order to bring about national impact and achieve the project's end-of-project deliverables, the LEAD Project should cover 40% of the total Philippine population. The project has identified 530 municipalities and cities in 45 provinces that it will target or engage, at the very least, over the course of its three-year project life. The aggregate population of these LGUs is projected to reach 34.2 M in 2005, which will be around 40 % of the projected total Philippine population of 86.2 M in that year. Technical and logistical assistance will be provided to these target LGUs so that each LGU will achieve the following goals or ends:

### Governance

- a. Increased share of FP/TB/HIV/AIDS/MCH in the total municipal/city budget, especially for contraceptive procurement;

- b. Ordinances enacted, such as a local health code, that articulates official support and provides adequate financing for FP and selected health services;
- c. Formulation and adoption as an official policy of a local **CSR+**<sup>1</sup> plan (that covers FP, TB-DOTS, HIV/AIDS, and vitamin A supplementation);
- d. Enrolment of indigents under the National Health Insurance Program; and
- e. Adoption, as official policy, and implementation of an LGU plan for strengthening services and improving quality of FP, TB-DOTS, HIV/AIDS, and vitamin A supplementation, including private sector services, to meet community needs.

### Family Planning and Health Systems

- a. A functional health information system;
- b. Increased access to quality modern contraceptive supplies and services, including voluntary surgical sterilization and IUDs;
- c. The Rural Health Unit (RHU) is Sentrong Sigla Level 1 certified, and accredited by PHIC as provider of TB-DOTS and outpatient benefit packages;
- d. The RHU is providing routine vitamin A supplementation to sick children;
- e. All HIV/AIDS sites are implementing interventions and improved surveillance and education activities, especially for high-risk groups such as injecting drug users and men having sex with men;
- f. Reduce rate of drop-outs among pill and DMPA users;
- g. An expanded health volunteer network; and
- h. Increased collaboration with the private sector.

LEAD is also targeting the adoption and implementation of a Contraceptive Self-Reliance Initiative nationally and in the target LGUs, by the end of the project. Another end-of-project goal is the sufficient improvement of national and local policies and regulations, so as to enable LGUs to increase support, including financing, for FP and selected health services.

*Mechanisms to Achieve Targets.* The two main mechanisms that LEAD will employ to ensure that LGUs will achieve the governance and health service capacity targets mentioned above are *the provision of technical assistance (TA) to all target LGUs*, and *cash grants to selected LGUs*. LEAD will provide the required technical assistance to enable participating LGUs to provide policy and financing support for the sustained delivery of quality FP, TB-DOTS, HIV-AIDS, and Vitamin A supplementation services. The TA will be supplied through service institutions/organizations (SIOs) that the project will engage to perform specific tasks that will help the LGUs achieve the governance and health service capacity goals. Another tool or mechanism that the project will employ is the provision of performance-based grants to selected LGUs. LGUs, which meet eligibility criteria that the project will set and agree with USAID, will receive cash grants that will be disbursed upon meeting pre-agreed performance benchmarks. The entire grants concept, system, process, and procedures are still subject to USAID review and approval. The central objective of the cash

---

<sup>1</sup> **CSR+ plan and strategies** cover implementation strategies, guidelines, and plans that aim to establish sustainable programs not only for contraceptive self-reliance, but also for TB-DOTS, HIV/AIDS, and selected MCH services.

grants and TA is to strengthen both governance and service provision capacities in all target LGUs, and ultimately achieve the LGU goals.

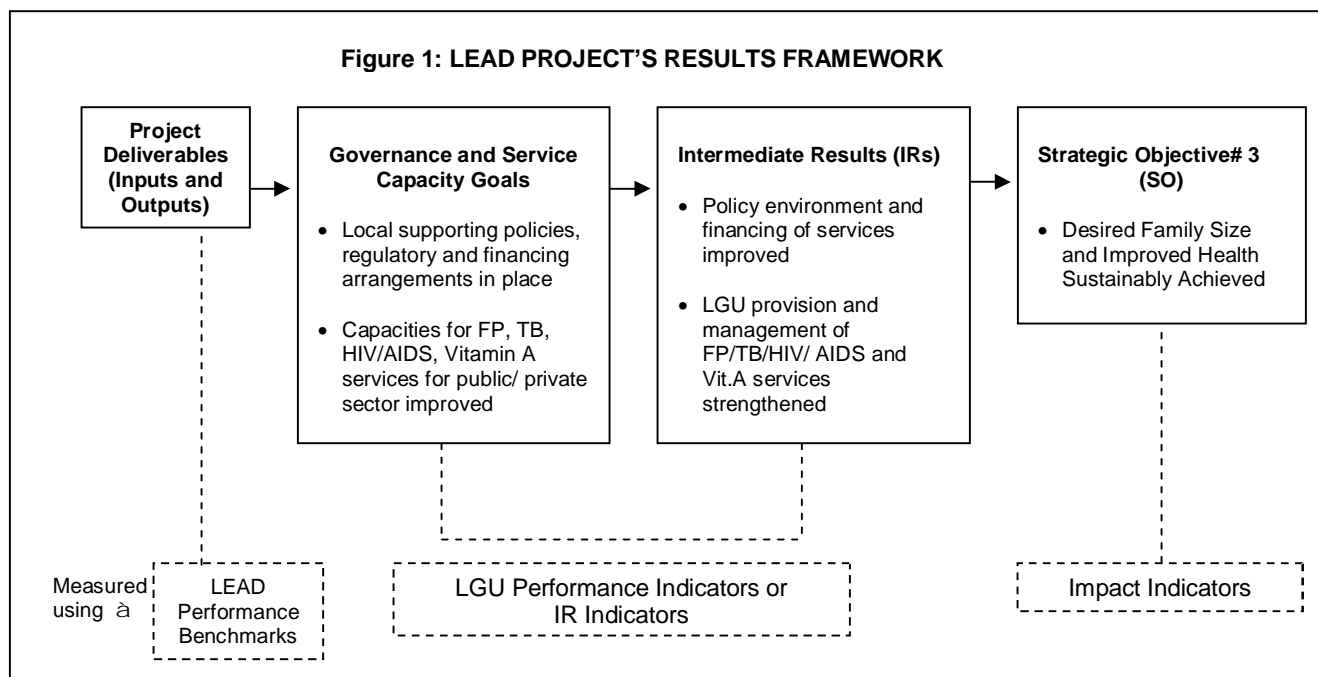
LEAD Project team members will function both as managers and providers of technical assistance. They will support the creation of Regional Technical Assistance Teams composed of selected regional DOH, PHIC, POPCOM, and DILG staff, as well as selected provincial government staff. The project team will provide training and work closely with CHD Technical Assistance Teams, so that these teams will sustain the provision of similar technical assistance to cities, municipalities, and barangays even beyond the project life.

## **II. Monitoring and Tracking LEAD Project Performance**

The project has developed the **Performance Monitoring and Evaluation Plan (PMEP)**, which provides overall direction for the conduct of LEAD's various monitoring, tracking, and evaluation activities. It serves as the main guide to the systematic and timely collection, storage, analysis, documentation, and reporting of all performance data that the project plans to generate. The operationalization of the monitoring and evaluation system contained in the LEAD PMEP will ensure continuous tracking and assessment of project and LGU performance in relation to agreed deliverables, targeted results, timelines, and resources. The feedback mechanisms that are built into the design of the LEAD monitoring and evaluation system will enable operating units to identify potential problems and obstacles, as well as opportunities and threats, at every stage of project implementation to allow for timely adjustments in project operations.

Figure 1 shows the results framework that the LEAD PMEP is using, and illustrates the relationships and the logical flow of consequences from provision of project inputs and generation of outputs, to the production of intermediate results, and ultimately to the achievement of USAID strategic objectives. The framework clearly identifies three sets of performance that the M and E system will track: LEAD Project performance, LGU performance, and project impact.

LEAD Project performance is being tracked through quarterly, semi-annual, and annual review of pre-set performance benchmarks. The benchmarks are derived from the activities that the project's three implementing and three support units have to complete so that the project can achieve set annual targets that will lead towards attainment of end-of-project goals. The system for tracking LEAD project performance, including the documents that are generated and their use, are thoroughly described in the PMEP. The **LEAD Indicator Monitoring System: A Guide for Monitoring LGU Performance** document describes in detail the indicators that will be used in tracking LGU performance, and the monitoring methodology that will be followed. It prescribes tracking responsibilities, timing, information flow and what to do with the information generated, expected actions, and the various document product outcomes. The design and detailed plan and methodology for measuring project impact using the strategic objective indicators will be completed in July 2004, and will be detailed in a separate document.



### III. The Development of the LGU Performance Indicators

The LGU performance indicators of the LEAD Project will be used to measure periodically how well the project LGUs are achieving the governance and FP/health service capacity development targets that are listed on pages 3-4. The project's central hypothesis is that the 530 LEAD LGUs must achieve these results in order to contribute significantly to increasing CPR, reducing TFR, increasing TB case detection and treatment success rates, and sustaining the high vitamin A supplementation rate among children, and the low HIV-AIDS sero-prevalence rates among registered female sex workers.

There are several reasons for tracking LGU performance, and a major one is to be able to identify, in a timely fashion, LGUs that need assistance in accomplishing performance targets, so that appropriate interventions can be applied in an equally timely manner. Hence, the monitoring indicators to be used must be sensitive enough to measure accurately the performance that is being tracked, and the system itself must be simple and efficient so that the tracking effort will not be as enormous as implementing the technical interventions.

The consultant from the Harvard School of Public Health who was engaged to draft the LEAD Performance Monitoring and Evaluation Plan (PMEP) drew the initial list of LGU performance indicators. The primary bases used were the governance and service capacity development results that are planned to be achieved in all LEAD LGUs, and the list of intermediate results that are recommended for tracking under the USAID-MSH contract. A PMEP Technical Working Group (TWG), whose composition comes from the different project units, was organized to review both the plan and the indicators. A series of consultations and review meetings followed, involving the various units of LEAD, field staff, consultants, and USAID staff. The list underwent six revisions and the TWG met a total of seven times before the list was finalized. The final product is an LGU Performance Indicator

Matrix that appears as an annex in the PMEP. The matrix contains the following information: performance target to be tracked, the monitoring indicator, indicator definition and measurement, source of data or information, and frequency of tracking.

There are 16 indicators that will be used to monitor LGU performance, seven of which pertain to governance matters, and the other nine to family planning and health systems development concerns. In order to serve the purposes of the LEAD performance monitoring system and so that they will fit into the design of the system, the selected indicators possess the following attributes:

- Direct – the indicator must closely represent and accurately measure the result that it intends to track
- Objective – the indicator is unambiguous about what it intends to represent, and its definition is not at risk of being interpreted in a different way
- Practical – the application of the indicator and the collection of the measurement data will not entail an unreasonable amount of time, money, and effort
- Adequate – the indicator provides sufficient information to assess progress towards achieving the target result that is being tracked
- Measurable – the indicator is quantifiable and can easily undergo a scientifically acceptable measurement process.

#### **IV. The LEAD LGU Performance Indicators**

Following are the indicators that LEAD will use to track LGU performance. While keyed to the governance and FP/health service capacity development targets that all LEAD LGUs will aim to achieve, they are almost identical, in number and in substance, to the intermediate results that the USAID-MSH contract recommends that the project should track.

Governance:

1. LGU providing for funds needed for the cost of its net commodity requirements for FP, TB, Vit. A and HIV/AIDS\* (\*- sentinel sites)
2. Health ordinance/s enacted, resolution/s passed, or executive order/s issued that promote FP, TB-DOTS, HIV/AIDS\* prevention and Vit. A supplementation
3. Health boards and other similar participatory bodies functional
4. CSR+ plan developed and implemented
5. % of indigent families enrolled in PhilHealth (NHIP enrollees)
6. LGU governance and service capacity plan document with TA specifications, signed and approved by the LCE for implementation
7. Availment of the TA specified in the governance and health service capacity development plan as reflected in the SIO work orders

Family Planning and Health Systems:

8. LGU able to generate on a regular basis, using CBMIS, FHSIS or other information systems, the relevant data on FP, TB and Vit. A

9. RHU/ HC/ BHS providing clients with: access to pills, IUD, condom, DMPA, SDM and NFP; referral services for surgical sterilization; and counseling on FP
10. A health facility should have the minimum level of contraceptives, and TB & Vit.A supplies as defined by the Sentrong Sigla Standards
11. Rural Health Unit (RHU)/ Health Center (HC) is Sentrong Sigla Level 1 certified
12. Rural Health Unit (RHU)/ Health Center (HC) is accredited by PHIC as provider of TB-DOTS and out-patient benefit packages
13. %-reduction in the proportion of high-risk groups who report high-risk behaviors (inconsistent condom use, sharing of needles)
14. % of barangay health workers trained for specific services
15. % of FP clients obtaining supplies and services for FP from private sector
16. % reduction of unmet need for FP

## V. The LEAD LGU Performance Indicator Monitoring Process

The LGUs are central to the achievement of the project's end goals. The project's success in its efforts to improve governance and enhance the health service capacity of LGUs towards contributing to the attainment of national targets is best reflected in the extent to which the LGUs have achieved their commitments under the project. Tracking the performance of LGUs using a set of indicators is, therefore, one of the most critical project activities.

The project's LGU performance monitoring process entails the collection of data that will inform on the LGUs' progress in meeting their governance and health service capacity goals which, in turn, will be used by the project to determine the type of intervention that needs to be undertaken to assist the LGUs. On the part of the LGUs, the data will be useful in planning and decision-making.

In any monitoring activity, there are three basic questions that need to be settled, namely, *what will be monitored, who will monitor, and how will monitoring be done.*

**What will be monitored?** All LGU activities and the support that they will be receiving will focus on meeting the capacity development targets in the areas of governance (5) and family planning and health systems (8), as reflected in Section I. The development of tools and instruments, data gathering/collection, tracking of LGU performance, defining the Memorandum of Agreement (MOA) provisions, technical assistance planning and provision, and conduct of performance reviews will take them into account and will be guided by these results targets.

The project will monitor the progress of LGUs, on a quarterly basis, using the LEAD Performance Indicator Matrix. In this matrix, a definition is provided for each indicator to specify its purpose, possible data source(s), and the recommended frequency for data collection. To illustrate, below is a section of the Governance and Management Component of the indicator matrix.



GOVERNANCE				
TARGET	INDICATOR	DEFINITION	SOURCE	FREQUENCY OF DATA COLLECTION (including development status)
a. Increased share of FP/TB/HIV/AIDS/ MCH in the total municipal/ city budget, especially for contraceptive procurement	1.) LGU providing for funds needed for the cost of its net commodity requirements for FP, TB, Vit. A and HIV/AIDS*	This indicator shows whether the LGU allocated full funding for the total cost of net commodity requirements (total commodity requirements less those funded by external sources such as DOH and donor agencies). The commodity requirements cover FP, TB, HIV/AIDS and Vit. A supplementation.	LGU – CSR+ Plan, SAAO – Status of Appropriations, Allotment and Obligations	Baseline at in-depth LGU assessment  Quarterly thereafter

### **Who will monitor, when will data be collected, and how will information be reported?**

All technical units of the project will play a key role in the overall monitoring process. The entire process is envisioned to enable the systematic assessment of the LGUs' status in meeting their capacity development targets.

On a quarterly basis, the field coordinators will purposively visit their respective LGUs to assess how they are doing in terms of the indicators. It is during these visits that the field coordinators will assess the LGUs' current performance vis-à-vis the baseline information gathered during the in-depth assessments. Quarterly monitoring will be undertaken to identify problems and gaps in LGU performance and immediately institute remedial measures within the capability of the field coordinators. The results and findings of the quarterly monitoring done by the field coordinators will be contained in a report that will then be forwarded to the respective area coordinators/team leaders for appropriate action.

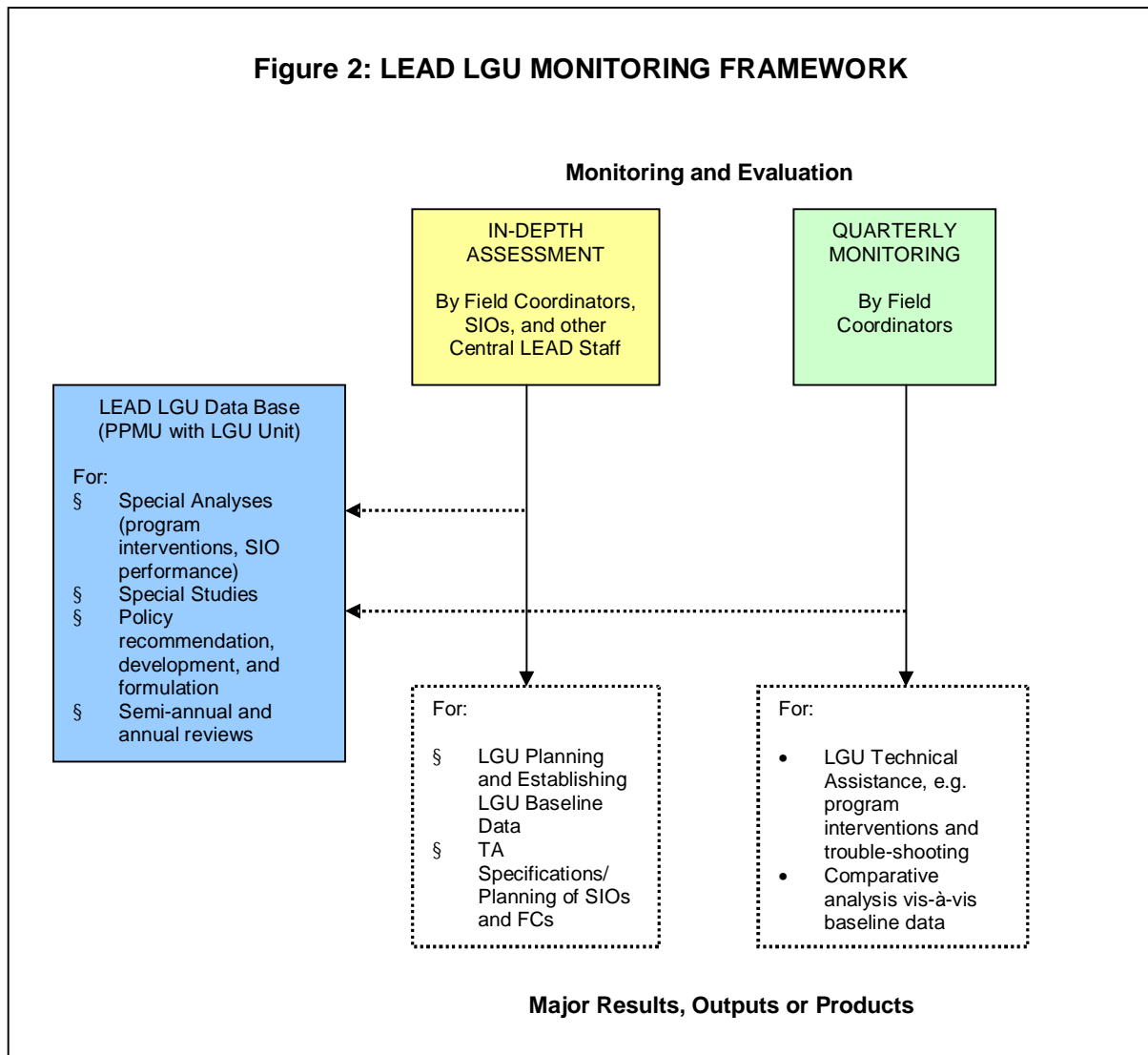
Based on the individual reports of the field coordinators, the respective area managers will determine bottlenecks and possible areas for future technical assistance. The reasons for either achievement or non-achievement of expected outputs will be further analyzed with the end-in-view of assisting LGUs to improve their performance in the relevant areas. All three implementing units, i.e., LGU, Policy, and FPHS Units, will be furnished with a copy of the consolidated area reports to enable them to respond to issues relating to the deliverables in their specific area(s) of responsibility. Existing tools, approaches, and policies may need to be modified and/or developed to address the identified issues and gaps in implementation. Further research may also be required.

All these information will feed into the project's performance database system being managed by the PPMU and will be used as bases in the development of project-level recommendations to further improve LGU performance and, consequently, overall project performance. By achieving the target deliverables, the project hopes to contribute to attaining sustained improvements in the national targets. The information will be used in the preparation of quarterly and annual project performance reports as well as semestral analysis reports, which will be prepared by the PPMU, in coordination with the performance coordinators and the LGU Performance Measurement Specialist.

Table 1 shows the multi-tiered levels for data collection and the flow of information from the field level to the central LEAD Project Office.

<b>Table 1</b>		
<b>MONITORING LEVEL &amp; UNIT/PERSON IN-CHARGE</b>	<b>PURPOSE/S FOR MONITORING</b>	<b>FREQUENCY</b>
<b>LGU Level</b>		
Field Coordinators	a. Monitor overall progress of plan implementation and identify problems and respond with appropriate interventions b. Prepare LGU specific monitoring reports, highlighting specific areas for intervention, and using prescribed forms/formats, and submit to field area manager/team leader for appropriate action	Quarterly (Minimum of one monitoring visit to each LGU every quarter)
<b>Field/Area Level</b>		
Field Area Managers/Team Leaders	a. Monitor overall performance of all LGUs under the field office's jurisdiction b. Based on Field Coordinators' reports, prepare LGU performance reports using prescribed forms/formats to include updated status of indicators, findings and recommendations for area-level improvements to enhance LGU performance and submit to LGU Unit	Quarterly
<b>LEAD Project Unit Level</b>		
LGU Unit <ul style="list-style-type: none"> <li>• LGU Performance Measurement Specialist</li> <li>• Field Operations Manager</li> </ul>	a. Monitor overall performance of all LEAD LGUs b. Maintain database of LGU performance based on the indicators c. Based on Field Area Managers/Team Leaders' reports, prepare LGU performance reports using prescribed forms/formats to include updated status of indicators, findings and recommendations for unit-level improvements to enhance LGU performance and submit to PPMU, and provide copies to FPHS and Policy Units d. Conduct LGU Unit's semi-annual and annual performance reviews re LGU performance	Quarterly
FPHS Unit <ul style="list-style-type: none"> <li>• Program/Technical Specialists</li> </ul>	a. Based on LGU Unit's reports, develop unit-level recommendations to enhance LGU performance and submit to LGU Unit and provide copies to other units b. Identify program implementation issues, formulate new/revised program strategies, and identify areas for program research	Quarterly
Policy Unit <ul style="list-style-type: none"> <li>• Technical Specialists</li> </ul>	a. Based on LGU Unit's reports, develop unit-level recommendations to enhance LGU performance and submit to LGU Unit and provide copies to other units b. Identify areas/gaps for research and policy formulation	Quarterly
PPMU <ul style="list-style-type: none"> <li>• Deputy Chief of Party/Technical Coordinator</li> <li>• Project Performance Measurement Specialist</li> </ul>	a. Based on LGU Unit's reports, develop project-level recommendations to enhance LGU performance and disseminate recommendations to all units b. Identify project implementation issues, areas for research, gaps for policy formulation, and policy interventions c. Manage overall performance database system d. Based on results of LGU performance monitoring, produce quarterly, semi-annual, and annual reports e. Manage the conduct of project-wide semi-annual and annual review of indicators	Quarterly

The LGU Monitoring Framework is shown in Figure 2 below. The prescribed forms/formats for monitoring LGU performance and preparing summary reports are shown in Annex A.



Baseline data for each of the 16 indicators will be gathered. These data, which will be generated by LGUs during their respective in-depth assessments, will be used to establish the LGUs' status per indicator prior to project intervention or implementation. The LGUs' performance will be assessed against the baseline information on a quarterly basis.

Table 2 shows the LEAD project units responsible for monitoring and improving performance on specific indicators. Please refer to Section IV for the specific indicators being referred to in the table.

<b>Table 2</b>	
<b>LGU PERFORMANCE INDICATORS (no.)</b>	<b>LEAD UNIT RESPONSIBLE</b>
2, 3, 6, 7	LGU Unit
8, 9, 10, 11, 12, 13, 14, 15, 16	FPHS Unit
1, 4, 5	Policy Unit

The project is in the process of designing and establishing a project database that will store all collected data on performance indicators to be used in making comparative analyses and assessing quarterly performance. PPMU will manage the project database while the LGU Unit will have the responsibility for maintaining the LGU database.

## **VI. Illustrative Timeline for Monitoring**

The Project's implementing strategy has 5 phases, namely:

1. Start-up Phase (October 1, 2003 – January 31, 2004)
2. Test Phase (January – July, 2004)
3. Initial Roll-out Phase (August – December, 2004)
4. Peak Performance Phase (January – December, 2005)
5. Project Assessment Phase (January – September, 2006)

The start-up phase includes all activities to organize and staff the project office so that it can function immediately and begin to carry out its technical work. During the test phase, the project is expected to complete the development of all assessment tools, technical assistance instruments, including the LGU engagement process, and actually test them in at least 20 LGUs in Visayas and Mindanao. This phase will be capped by an assessment of the effectiveness of the tools, instruments and processes that were initially used. Appropriate modifications and refinements will be made in preparation for the initial rollout phase, where 90 additional LGUs will be engaged. The second year of the project is its peak performance phase, when an additional 375 LGUs will be enrolled. In its third year, LEAD will enroll an additional 45 LGUs and sustain those enrolled in prior years, but a major part of its time will be devoted to the collection and analysis of data and information in order to form recommendations on the options to take when the three-year contract ends.

At the time of this *Guide's* development, the Project has so far engaged fifty one (51) LGUs and these LGUs will be expected to complete their in-depth assessment by July 2004. The first set of baseline data for the first batch of LGUs will be available by October this year, which is three months after the completion of their in-depth assessment to be conducted in July. The timing of monitoring will be set quarterly, from the collection of baseline information. Thus, if an LGU completes its baseline data by July, every three months thereafter, the monitors will be regularly collecting and gathering data on the progress of performance for all indicators using prescribed forms/formats referred to in the previous section.

# Annex A

Performance Monitoring and Evaluation  
(PME) Form 1

## Annex A: PERFORMANCE MONITORING & EVALUATION (PME) Form-1 (w/ guide on how to fill up)

Name of Data Collector: \_\_\_\_\_  
 Position/ Unit: \_\_\_\_\_  
 Name of LGU: \_\_\_\_\_  
 Quarter/ Year: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Period when baseline  
 data were gathered: \_\_\_\_\_  
 (Month/ year)

### LGU PERFORMANCE INDICATORS:

GOVERNANCE					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
1) LGU providing for funds needed for the cost of its net commodity requirements for FP, TB, Vit. A and HIV/AIDS*  * - for HIV/AIDS sentinel Sites	This indicator shows whether the LGU allocated full funding for the total cost of net commodity requirements (total commodity requirements less those funded by external sources such as DOH and donor agencies). The commodity requirements cover FP, TB, HIV/AIDS and Vit. A supplementation.  An LGU has met this target if it provides 100% of the total commodity requirements less those funded by the external sources such as the DOH and other donor agencies, and out-of-pocket sources	Please enter any of the following:  Yes, No or In Process  Please provide necessary explanation:	Please Indicate exact date when data was collected:  Day/ Month/ Year	Please indicate source of information	Please attach any of the following (or proof of existence of any of the ff) :  <ul style="list-style-type: none"> <li>- Draft copy of the CSR+ Plan</li> <li>- Final copy of the CSR+ Plan</li> <li>- Proceedings of LGU Meetings/ Discussions regarding the plan</li> </ul>

GOVERNANCE					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
<p>2.) Health ordinance/s enacted, resolution/s passed, or executive order/s issued that promote FP, TB-DOTS, HIV/AIDS* prevention and Vit.-A supplementation.</p> <p><i>* for HIV sentinel sites</i></p>	<p>This indicator covers new ordinance/s or existing ordinance/s that are improved to address the following: FP, TB-DOTS, HIV/AIDS and Vit.A. Ordinances and resolutions come from the local governing council while executive orders are issued by the mayor. This indicator is critical as it shows the degree to which policy environment in a given LGU supports efforts to promote FP, TB-DOTS, HIV/AIDS* and Vit. A.</p> <p>Baseline at the time of engagement can be:</p> <ul style="list-style-type: none"> <li>- an existing ordinance but needs improvement or non-existent at all</li> </ul> <p>An LGU is considered to have met the target if it has enacted ordinance/s, EO/s or resolution/s that between them contain the following elements:</p> <ul style="list-style-type: none"> <li>- statement of policy support</li> <li>- objectives of the program</li> <li>- management systems support</li> <li>- financing including personnel and other resources</li> </ul>	<p>Please enter any of the following:</p> <p>Yes, No or In Process</p> <p>Please provide necessary explanation:</p>	<p>Please Indicate exact date when data was collected:</p> <p>Day/ Month/ Year</p>	<p>Please indicate source of information</p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- Draft or final copy of the ordinance/ resolution or executive order</li> <li>- Meeting agenda</li> <li>- Others</li> </ul>

GOVERNANCE					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
3.) Health boards and other similar participatory bodies functional	<p>This measure allows us to see whether the health board is functioning appropriately. Functional is defined here as being able to:</p> <ul style="list-style-type: none"> <li>- propose annual budgetary allocation for health</li> <li>- serve as advisory committee to the Sanggunian</li> <li>- create committee which shall advice local health agencies</li> </ul> <p>In addition to reporting on whether board members are meeting regularly, LGUs should also provide copies of the agenda and minutes for each meeting to indicate that the meeting actually took place and business was conducted.</p> <p>An LGU is considered to have met this target if the definition of functionality were met by the LGU health boards or other similar bodies</p>	<p>Yes or No,</p> <p>If no, indicate which of the requirement of functionality was/were not met</p> <p>Please provide necessary explanation</p>	<p>Please Indicate exact date when data was collected:</p> <p>Day/ Month/ Year</p>	<p>Please indicate source of information</p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- LHB meeting agenda and proceedings</li> <li>- Other evidences of actions done, such as LHB resolutions, reports and endorsements</li> </ul>



GOVERNANCE					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
4.) Local CSR+ plan developed and implemented	<p>The local CSR+ plan is a manifestation of the commitment of the LGU to allocate resources for FP, TB, HIV/AIDS and Vit. A that would ensure commodity supply security. The plan covers forecasting commodity requirements, possible sources of financing, LGU acquisition and distribution scheme and defining the role of the private sector (client segmentation).</p> <p>An LGU has met this target if is has a Local CSR+ Plan that contains the following components:</p> <p>1) For Family Planning (<i>CSR –contraceptive self reliance</i>):</p> <ul style="list-style-type: none"> <li>- forecasting commodity requirements for contraceptives</li> <li>- financing</li> <li>- procurement and distribution</li> <li>- client segmentation (as necessary)</li> </ul> <p>2) For TB, Vit. A and HIV/ AIDS (selected sites only) (<i>CSS-commodity supply security</i>)</p> <ul style="list-style-type: none"> <li>- forecasting commodity requirements for TB drugs, Vitamin-A capsules and STI- drugs and condoms for HIV/AIDS</li> <li>- financing</li> <li>- procurement and distribution</li> </ul> <p>An LGU has met this target if the LGU has: Developed and initially implemented the CSR component for the first year</p> <p>Introduction and implementation of the “plus” (+) component for the succeeding years</p>	<p>Yes, No or In process</p> <p>Please provide necessary information</p>	<p><b>Please indicate exact date performance data was collected:</b></p> <p>Day/ Month/ Year</p>	<p><b>Please indicate source of information</b></p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- Draft copy of the CSR+ Plan</li> <li>- Final copy of the CSR+ Plan</li> <li>- Proceedings of LGU Meetings/ Discussions regarding the plan</li> </ul>

GOVERNANCE					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
5) % of indigent families enrolled in PhilHealth (NHIP enrollees)	<p>This indicator gives us a picture of the level of insurance coverage by NHIP for the indigent families in each LGU.</p> <p>This indicator is equivalent to the total number of indigent families enrolled in PHIC over the total number of indigent families in an LGU.</p> <p>The project will use PhilHealth definition for "indigent".</p> <p>An LGU has met this target if it has enrolled 100 % of its indigent families.</p>	<p>_____ %</p> <p>Indicate the %-level by computing the ff ratio:</p> $= \frac{\text{total number of indigent families enrolled in PHIC}}{\text{over the total number of indigent families in an LGU}}$ <p>Please provide necessary explanation</p>	<p><b>Please indicate exact date performance data was collected:</b></p> <p>Day/ Month/ Year</p>	<p><b>Please indicate source of information</b></p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- Copy of the NHIP/MHO Enrollment records</li> </ul>
6) LGU governance and health service capacity development plan document with TA specifications, <b>signed and approved by the LCE for implementation</b>	<p>This indicator shows LGU commitment to implement governance and service capacity activities, reflecting the technical assistance needed by the LGU. <b>This indicator refers to the plan for enhancing governance capacity and for strengthening services and improving quality of FP, TB-DOTS, HIV/AIDS and Vit. A supplementation.</b> The TAs are expected to be provided by the service institutions/ organizations (SIOs).</p> <p>An LGU is said to have met this target if it has developed a plan that clearly articulates activities with definite timeline, and expected outputs and deliverables that lead towards governance and service capacity goals set by the LGU. The plan should likewise include a monitoring component.</p>	<p>Yes, No or In process</p> <p>Please provide necessary information</p>	<p><b>Please indicate exact date performance data was collected:</b></p> <p>Day/ Month/ Year</p>	<p><b>Please indicate source of information</b></p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- draft copy of the plan</li> <li>- final copy of the plan</li> </ul>

GOVERNANCE					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
<b>7) Availment of the TA specified in the governance and health service capacity development plan as reflected in the SIO work orders</b>	<p>The availment of TA refers to the extent of utilization of the TA provided by the SIO over the total TA needs identified in the work plan. This would show whether critical activities in the work plan are being implemented or not.</p> <p>An LGU is said to have met this target if it has availed all the TA stipulated in the LGU TA requirements.</p> <p>= Number of TAs provided over the total number of TA needs identified</p>	<p>_____ % Indicate the %utilization of TA specified in the plan</p> <hr/> <p>Number of TAs provided Total number of TA needs identified</p>	<p><b>Please indicate exact date performance data was collected:</b></p> <p>Day/ Month/ Year</p>	<p><b>Please indicate source of information</b></p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- Copy/copies of the SIO work orders</li> </ul>

GOVERNANCE					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
8) LGU able to generate on a regular basis, using CBMIS, FHSIS or other information systems, a relevant data on FP, TB and Vit. A	<p>This indicator is critical as it shows whether or not a reliable information system exist in an LGU which could serve as a basis for objective planning and decision making, particularly in the areas of FP, TB and Vit. A.</p> <p>An LGU has met this target if it has an existing information system that:</p> <p>a) is able to generate on a regular basis the following info:</p> <ul style="list-style-type: none"> <li>- Unmet needs for FP and Vit. A</li> <li>- Contraceptive clients by method</li> <li>- TB case detection rate, TB cure rate</li> <li>- SS facility self-assessment checklist (SSFSAC) results</li> <li>- Supplemental questions for health facility assessment (SQA) results</li> </ul> <p>b) contains information that is being used for:</p> <ul style="list-style-type: none"> <li>- planning, reporting, resource allocation, advocacy</li> <li>- adequate public health monitoring and evaluation</li> <li>- making management decisions/ action for service provision</li> </ul> <p><i>regular</i> – may be quarterly, semi-annually or annually depending on the system</p>	<p>Yes, No, or In process</p> <p>If not, indicate which among the requirements were not met</p> <p>Please provide necessary explanation</p>	<p><b>Please indicate exact date performance data was collected:</b></p> <p>Day/ Month/ Year</p>	<p><b>Please indicate source of information</b></p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- Copy of data generated from the info system/s</li> </ul>

FAMILY PLANNING AND HEALTH SYSTEMS					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
9) RHU/ HC providing clients with: access to pills, IUD, condom, DMPA, SDM and NFP; referral services for surgical sterilization; and counseling on FP	<p>This measure tells whether clients who wish to use family planning have access to a full complement of FP methods. A complete array of FP methods includes pills, IUD, condom, DMPA, SDM, NFP and surgical sterilization.</p> <p>This indicator also shows whether health workers are trained on, and providing FP counseling to improve continuity of use and reduced drop-out rates.</p> <p>An LGU is said to have met this target if its RHU [in the case of municipalities], or at least 1 HC in each district, [in the case of cities]:</p> <p>(a) offers FP users and potential users with counseling on all modern FP methods;</p> <p>(b) offers the following modern FP services and supplies: pills, IUD, condom, DMPA, SDM, and NFP;</p> <p>(c) has an established system for referring clients to other health facilities for voluntary surgical sterilization; and</p> <p>(d) has at least one health staff trained on FP counseling</p>	<p>Yes or No</p> <p>If not, which of the requirements were not met?</p>	<p>Please indicate exact date performance data was collected:</p> <p>Day/ Month/ Year</p>	<p>Please indicate source of information</p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- copy of document showing the information and services provided to clients (including referral services)</li> </ul>

FAMILY PLANNING AND HEALTH SYSTEMS					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
<p>10) A health facility should have the minimum level of contraceptives, and TB &amp; Vit. A supplies as defined by the Sentrong Sigla Standards</p> <p><b>[Note: #10 is also an indicator for FPHS target (b)]</b></p>	<p>A facility is said to function effectively, if, at any given day, during a facility visit, the rural health unit or the health center has the following at a minimum:</p> <ul style="list-style-type: none"> <li>- Pills – 5 cycle packs</li> <li>- DMPA – 5 vials</li> <li>- IUD – 1 piece</li> <li>- Condoms – 10 pieces</li> <li>- TB Drugs: <ul style="list-style-type: none"> <li>à 100% of drugs for all registered patients: the quantity should match with the number of blister packs/ tablets for the remaining duration of treatment of patients being treated at the RHU</li> </ul> </li> <li>- Vitamin A Capsules (VAC): <ul style="list-style-type: none"> <li>à 40 capsules of Vitamin A gel capsules (10,000 IU)</li> <li>à 5 capsules of Vitamin A gel capsules (200,000 IU)</li> </ul> </li> </ul> <p>An LGU is said to have met this target if all of its health facilities meet the SS standards for the minimum level of commodities (as mentioned above).</p>	<p>Yes or No</p> <p>If not, please indicate which of the standards have not been met</p> <p>Please provide necessary explanation</p>	<p><b>Please indicate exact date performance data was collected:</b></p> <p>Day/ Month/ Year</p>	<p><b>Please indicate source of information</b></p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- Copy of the stock monitoring report</li> <li>- Other types of supporting documents</li> </ul>

FAMILY PLANNING AND HEALTH SYSTEMS					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
11) Rural Health Unit (RHU)/ Health Center (HC) is Sentrong Sigla Level 1 certified	<p>This measure requires that RHU/ HC be :</p> <ul style="list-style-type: none"> <li>- Sentrong Sigla level 1 certified which means it meets the quality standards set by the DOH and certified by the CHD as such.</li> </ul> <p>An LGU has met this target if its RHU/ HC obtained Sentrong Sigla 1 certification.</p>	<p>Yes or No</p> <p>If not, which of the requirements were not met?</p> <p>Please provide necessary explanation</p>	<p><b>Please indicate exact date performance data was collected:</b></p> <p>Day/ Month/ Year</p>	<p><b>Please indicate source of information</b></p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- Copy of SS1 Certification, verified by DOH/CHDs</li> </ul>
12) Rural Health Unit (RHU)/ Health Center (HC) is accredited by PHIC as provider of TB-DOTS and out-patient benefit packages	<p>This measure requires that RHU be:</p> <ul style="list-style-type: none"> <li>- Certified by PhilCAT and accredited by PHIC as provider of TB-DOTS</li> <li>- Accredited for out-patient benefit packages (OPB) provider.</li> </ul> <p>An LGU has met this target if it does obtain PHIC accreditation for TB-DOTS and out-patient benefit package.</p>	<p>Yes or No</p> <p>If not, which of the requirements were not met?</p> <p>Please provide necessary explanation</p>	<p><b>Please indicate exact date performance data was collected:</b></p> <p>Day/ Month/ Year</p>	<p><b>Please indicate source of information</b></p>	<ul style="list-style-type: none"> <li>- Copy of PHIC Accreditation for TB-DOTS and out-patient benefit packages, verified by DOH/CHDs</li> </ul>

FAMILY PLANNING AND HEALTH SYSTEMS					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
13) %-reduction in the proportion of high risk groups who report high -risk behaviors (inconsistent condom use, sharing of needles)	<p>This indicator tracks the effectiveness of surveillance and prevention education interventions for most-at-risk groups.</p> <p>Percentage Reduction refers to the %-points decrease in high risk behaviors, from the time intervention was introduced to the time the project ends.</p> <p>High risk behaviors include such practices as:</p> <ul style="list-style-type: none"> <li>- inconsistent condom use</li> <li>- sharing of needles</li> </ul> <p>equivalent to = A:</p> <p>Number of sex workers practicing high risk behaviors</p> <p>-----</p> <p>Total number of sex workers surveyed</p> <p>%-points reduction will be computed by</p> <p>A (baseline) – less A (end of project)</p> <p>An LGU is said to have met this target if it achieves 10 % reduction by the end of the project.</p>	<p>_____ %</p> <p>Indicate %-reduction</p> <p>Please provide necessary explanation</p>	<p><b>Please indicate exact date performance data was collected:</b></p> <p>Day/ Month/ Year</p>	<p><b>Please indicate source of information</b></p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- Copy of CHO records</li> </ul>



FAMILY PLANNING AND HEALTH SYSTEMS					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
14.) % of barangay health workers trained for specific services	<p>Barangay health workers play a critical role in an LGU, particularly in the areas of a) community organizing; b) service provision; and c) community education. As community organizer, the BHW mobilizes the families in his or her area of coverage to collectively act on specific health concerns. As community educator, the BHW conducts information campaigns, small group or one-on-one instructional sessions with mothers and other household members or caregivers. As service provider, the BHW provide a range of health services, which include: growth monitoring, micronutrient supplementation, household care for control of diarrhea diseases, follow-up of compliance to medication, and referral of cases to the health center, including FP, TB and other services.</p> <p>Trained barangay health workers are those that are trained in all of the following areas:</p> <ul style="list-style-type: none"> <li>- FP</li> <li>- TB-DOTS</li> <li>- Vitamin-A</li> <li>- CBMIS.</li> </ul> <p>This is the ratio of health workers trained over the total number of health workers.</p> <p>An LGU has met this target if it has trained 100% of its barangay health workers in barangays covered by LEAD target LGUs.</p>	<p>____ %</p> <p>Indicate the percentage of BHWs trained</p> <p>Using the ff ratio:</p> <p>Number of BHWs trained -----</p> <p>Total number of BHWs</p> <p>Please provide necessary explanation</p>	<p><b>Please indicate exact date performance data was collected:</b></p> <p>Day/ Month/ Year</p>	<p><b>Please indicate source of information</b></p>	<p>Please attach any of the following (or proof of existence of any of the ff) :</p> <ul style="list-style-type: none"> <li>- MHO records of BHWs trained</li> <li>- SIO records of BHWs trained</li> </ul>

FAMILY PLANNING AND HEALTH SYSTEMS					
INDICATOR	DEFINITION	STATUS OF INDICATOR	DATE COLLECTED	SOURCE OF DATA	SUPPORTING DOCUMENTS ATTACHED
15.) % of FP clients obtaining supplies and services for FP from private sector	<p>This indicator refers to the number of FP clients who avail services and/or obtain FP supplies from the private sector.</p> <p>Private sources include any of the following:</p> <ul style="list-style-type: none"> <li>- private hospitals or clinics</li> <li>- pharmacies</li> <li>- private doctors</li> <li>- private nurses/ midwives</li> <li>- NGOs</li> <li>- industry-based clinics.</li> </ul> <p>An LGU has met this target if it is able to meet the level of percentage-increase it has set in its local CSR+ Plan.</p>	<p>____ %</p> <p>Indicate % level</p> <p>Please provide necessary explanation</p>	<p>Please indicate exact date performance data was collected:</p> <p>Day/ Month/ Year</p>	<p>Please indicate source of information</p>	<p>Please attach :</p> <ul style="list-style-type: none"> <li>- Copy of the CBMIS Form</li> </ul>
16.) % reduction of unmet need for FP	<p>Unmet need - is the number of women who expressed desire to limit or space their births but are not using any form of modern FP methods</p> <p>% reduction - is the ratio of women who have availed those services over the total number of women who expressed desire to limit or space their births but are not using any form of modern FP methods</p> <p>An LGU is said to have met this target if it has achieved 50% reduction in unmet need.</p>	<p>____%</p> <p>Indicate % reduction using the ff ratio:</p> $\frac{\text{number of women who have availed needed FP services}}{\text{total number of women who expressed desire to limit or space their births but are not using any form of modern FP methods}}$	<p>Please indicate exact date performance data was collected:</p> <p>Day/ Month/ Year</p>	<p>Please indicate source of information</p>	<p>Please attach:</p> <ul style="list-style-type: none"> <li>- Copy of the CBMIS Form</li> </ul>